

**Phase-up Request**

**Program:**  CARE Court  Drug Court  DUI Court  Family Treatment Court

**Phase-up Request: Phase 4 to Phase 5**

I, \_\_\_\_\_, am requesting a review to move from Phase 4 to 5. My phase-up eligibility date is \_\_\_\_\_. By initialing below, I agree I have completed the following requirements:

My sobriety date is: \_\_\_\_\_.

My Sponsor is \_\_\_\_\_, phone # \_\_\_\_\_.

\_\_\_\_\_ My home group is \_\_\_\_\_. I attend at least (circle one): **1 2 3** community support meetings per week.

\_\_\_\_\_ I have paid the required program and probation fees and my attendance is consistent, including groups and court sessions.

\_\_\_\_\_ I am employed full time, school full time, or have other approval from my Accountability Court.

\_\_\_\_\_ I have been respectful and supportive of my peers and staff.

3 goals I have for the next phase and 3 supports I can use after program completion.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Court:

\_\_\_\_\_ I have provided GED results and proof of studying if not passed

DUI Court:

\_\_\_\_\_ My drivers license status is: \_\_\_\_\_

---

I have completed my phase-up evaluation with a treatment provider on \_\_\_\_\_  
\_\_\_\_\_

Treatment Provider

---

By signing this form, I agree that I have completed all the above requirements and would like to be considered to phase-up.

\_\_\_\_\_  
Participant Signature \_\_\_\_\_  
Date

---

**Office Use Only:**

Date received: \_\_\_\_\_ Eligible for credit back to: \_\_\_\_\_

Approved  Denied Reason: \_\_\_\_\_

\_\_\_\_\_  
Case Manager Signature and Date Effective Date: \_\_\_\_\_